

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend
1				
2				
3				
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43				
44				
45				
46				
47				
48				
49				
50				
Total				
Indep	4			
Total				
Depend	11			
Total	15			
Claims				